



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS AND ENERGY
DIVISION OF MINED LAND RECLAMATION
P. O. DRAWER 900; BIG STONE GAP, VA 24219
TELEPHONE: (276) 523-8202

CERTIFICATION - APPLICATION FOR PERMIT COAL SURFACE MINING AND RECLAMATION OPERATIONS

NAME OF APPLICANT		APPLICATION NUMBER	
------------------------------	--	-------------------------------	--

CERTIFICATION:

I hereby certify that I am the authorized representative of the Applicant and affirm that the information provided on this form and all attachments submitted herewith are true and accurate to the best of my knowledge. I further affirm that the surface coal mining and reclamation operations proposed under this Application will be conducted pursuant to the terms and conditions of this Application, or such conditions as may be set by the Division pursuant to the requirements of the **Virginia Coal Surface Mining Control and Reclamation Act of 1979** (Chapter 19, Title 45.1, **Code of Virginia** (1950), as amended), and the regulations promulgated thereunder.

Signature			
Title/Position		Date	

NOTE: If the person signing this certification is not listed under Item 1.6 of the "Application for Coal Surface Mining and Reclamation Operations – Permittee Information" (DMLR-PT-034p), attach a copy of the Power of Attorney, or Resolution of Board of Directors which allows the person to act on behalf of the Permit Applicant.

Notarization:

Subscribed and sworn/affirmed to before me by _____ this _____ day of _____, 20____, in the City/County of _____.

Notary Public Signature		My Commission Expires (attach SEAL)	
------------------------------------	--	---	--